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Bib Data Sheet

SERIAL NUMBER 09/079,829	FILING DATE 05/15/1998 RULE _	CLASS 424	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. PROTEO.P07	
APPLICANTS ALAN D. SNOW, LYNNWOOD, WA ; GERARDO CASTILLO, SEATTLE, WA ; ** CONTINUING DATA ***** <i>SDC</i> Provisional Appl. No. 60/046,602 5/15/97 ** FOREIGN APPLICATIONS ***** <i>Nme</i> <i>SDC</i> IF REQUIRED, FOREIGN FILING LICENSE ** SMALL ENTITY ** GRANTED ** 06/03/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>SDC</i> Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 3
ADDRESS PATRICK M. DWYER PC SUITE 114 1818 WESTLAKE AVENUE N, SEATTLE, WA 98109					
TITLE COMPOSITION AND METHODS FOR TREATING ALZHEIMER'S DISEASE AND OTHER AMYLOIDOSES					
FILING FEE RECEIVED 713	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 8834

SERIAL NUMBER 09/079,892	FILING DATE 05/15/1998 RULE	CLASS 435	GROUP ART UNIT 1652	ATTORNEY DOCKET NO. PF-0524-1 CPA
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APPLICANTS

OLGA BANDMAN, MOUNTAIN VIEW, CA;
JENNIFER L. HILLMAN, MOUNTAIN VIEW, CA;
PREETI LAL, SANTA CLARA, CA;
KARL J. GUEGLER, MENLO PARK, CA;
GINA GORGONE, PALO ALTO, CA;
NEIL C. CORLEY, MOUNTAIN VIEW, CA;
CHANDRA PATTERSON, MOUNTAIN VIEW, CA;
MARIAH R. BAUGHN, SAN JOSE, CA;

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TECH CENTER 1600/2900

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/17/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

LEGAL DEPARTMENT
INCYTE PHARMACEUTICALS INC
3174 PORTER DRIVE
PALO ALTO, CA 94304

TITLE

HUMAN CARBOHYDRATE METABOLISM ENZYMES

FILING FEE RECEIVED 1008	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit